Conclusion: This HAV outbreak in kemps stone area was due to using water from old pipeline for drinking and cooking. We recommend repair of old pipeline, chlorination of overhand tank water and periodic water testing. We also recommend creating awareness on avoiding open air defecation and promote hand washing after defecation.

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Effect of behaviour change-intervention on hand washing practices and knowledge about hand washing among school students, Perambalur district, Tamil Nadu, India, 2014-2015

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Background: Diarrhoeal diseases among school children could be prevented by proper hand washing practices. Health education interventions will help in improving hand washing practices among school children. We conducted behavioural change intervention among middle school students, to compare adequate hand washing before and after intervention in rural area of Perambalur district, Tamilnadu, India.

Methods & Materials: We did intervention study between November 2014 and April 2015 among 6th to 8th grade students in Ammapalayam block. We recruited 200 students, assuming proportion of hand washing with soap among the children is 17.5% and expecting proportion of hand washing with soap among the same children about 30%, after intervention, with one tail, level of significance of 5%, 90% power and 10% loss to follow up. We selected students through simple random sampling as matched pair. The intervention included oral and poster presentations, demonstration and competition on proper washing procedures to all students at first visit during the baseline survey. Outcomes were collected by semi-structured questionnaire at base line and at two follow up visits (one month and two months after the intervention). We compared the proportions before and after intervention by Mc-Nemars chi-square test.

Results: At one month, proportion of adequate hand washing improved from 0% at baseline to 7% with Mc-Nemars chi-square=13.07, P-value=<0.001. Knowledge about importance of hand washing improved from 45% to 61% with Mc-Nemars chi-square=16, P-value<0.001. Knowledge about 6-steps in hand washing improved from 0% to 78.5% with Mc-Nemars chi-square=156, P-Value<0.001. At two month, proportion of adequate hand washing was improved to 5.5% with Mc-Nemars chi-square=10.08, P-Value<0.001. Knowledge about importance of hand washing was improved to 61% with Mc-Nemars chi-square= 138.69, P-Value<0.001 and knowledge about 6-steps in hand washing improved to 86% with Mc-Nemars chi-square= 171, P-Value<0.001.

Conclusion: After intervention, there was an improvement in adequate hand washing, knowledge about importance of hand washing and knowledge about steps of hand washing at the end of one and two months. We recommend that same intervention may be done in schools to improve the knowledge and hand washing practices among school children.

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Polio eradication initiatives, a critical data analysis, District Khairpur, Sindh Pakistan, 2014

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Background: By the end of 2014 Polio outbreaks were reported in 04 bordering districts of Khairpur. Pre, process and post campaign prime indicators were reviewed in the light of National Emergency Action Plan (NEAP) strategy for Polio Eradication innitiatives (PEI) to find and fill the gaps through appropriate recommendations to minimize the risk of virus circulation in 2015.

Methods & Materials: A descriptive study on record review of PEI was conducted from 5th to 10th January 2015 at Polio Control Room (PCR) Khairpur. Data of all 75 Union councils (UCs) gathered and analyzed by the year 2014 on NEAP indicators.

Results: For targeting children aged <5 years a total of 11 Supplementary Immunization Activities (SIAs) were conducted.

In pre-campaigns, 18(24%) UCs were identified in deferment criteria (<80%) on indicator of minimum one female member in a mobile team. Mean participation of local government in Union Council Polio Eradication Committees (UPEC) stacked 91% (ranges 83%-96%).

For PEI trainings, a mean of 2% (95%-100%) teams were found absent in trainings however an average of 18% (15%-23%) microplans (n=29%) were field validated by district staff.

In process campaigns, a Mean of 6% (1%-11%) teams found in malpractices neither paying revisits to cover not available children nor recording for catch-up. Moreover 12% (ranges=7%-19%) team supervisors did not monitored their teams. An average of 4000 (1996-5956) recorded missed children were never tracked for immunization.

Post campaigns were evaluated by taking Market surveys showed 2% (96%-99%) children were without finger marking, meanwhile in 04 campaigns LQAS lots were found to be in medium band. although no one lot rejected.

Conclusion: Overall performance indicators were below the NEAP requirements. PCRs may be established at UC levels for close coordination by involving local female community volunteers for additional support in catch-up days to track and immunize missed children.